FEDERAL PROCUE CONTRACTI	REMENT DATA)	1A. DATE SUBMITTED
1B. SUBMITTED BY			2. START DATE <i>(6</i>	Pos.)	3. REPORTING AGENCY (FIP 95) (4 Pos.)
4. CONTRACTING OFFICE CODE (5 letters or numbers; no spaces, no special characters) (5 Pos.)	5. TYPE OF ENTRY (1 Pos.)		6. AGENCY/SUBAGENCY NAME (Left justified) (44 Pos.)		
	A - Add B - Delete Existing Code C - Change Existing Code				
	CONTRAC	TING	OFFICE		
7. NAME (Left justified) (44 Pos.)		8. STREET ADDRESS (Left justified) (44 Pos.)			
9. OPTIONAL ADDRESS LINE (Left justified) (44 Pos.)		10. CITY OR TOWN (Left justified) (30 Pos.)			
11. STATE CODE (FIPS 55 alpha) (2 Pos.)		OP.	13. COUNTRY Co	ODE <i>(Lea</i>	ve blank if Item 11 is completed) (FIPS 10)
12. ZIP CODE (Left iustified) (9 Pos.)		OR	14. POSTAL CODE (If applicable, left justify) (9 Pos.)		

GENERAL SERVICES ADMINISTRATION

GSA FORM 3672 (4/2000)